



City of Coalinga
Community Development Department

Commercial Medical Marijuana Registration
Application Form

The Civil Code, Section 1798.17, requires that this notice be provided when collecting personal information from individuals. Providing the individual and identifying information requested on the form is voluntary. The purpose of completing and submitting this form is for the City of Coalinga to assess the level of interest of persons to engage in any of the various types of commercial medical marijuana activities pursuant to the Medical Cannabis Regulation and Safety Act, Business and Professions Code section 19300, et seq. (the "MCRSA") within the City of Coalinga. The information that you provide in this application may be released as required by law, judicial order, or subpoena, and could be used in a criminal prosecution.

You have the right to access records containing your personal information which are maintained by the City of Coalinga Police Department.

SECTION 1

Name of Applicant: _____

(If a corporation, please identify corporation name and the name(s) of the person(s) responsible for the license(s). Additional applicant names shall complete all information in SECTION 1.

Date of Birth: ____/____/____ Applicant's Tax Identification Number _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Note: A photograph of the applicant shall be taken by the Coalinga Police Department for identification purposes.

Telephone: _____ Email Address: _____

Mailing Address:

Previous addresses for the five (5) years immediately preceding the present address of the applicant.

#1: _____ Duration: _____

#2: _____ Duration: _____

#3: _____ Duration: _____

Previous business, occupation, or employment of the applicant for the five (5) years immediately preceding the date of the application.

#1: _____
_____ Duration: _____

#2: _____
_____ Duration: _____

#3: _____
_____ Duration: _____

The Marijuana Operation business license history of the applicant, including whether the applicant while previously operating in this or another City, County or State has had a marijuana related license revoked or suspended, the reason therefore, and the business or activity or occupation subsequent to such action of suspension or revocation.

#1: _____
_____ Duration: _____

#2: _____
_____ Duration: _____

#3: _____
_____ Duration: _____

Property Location: _____

Parcel Number of Proposed Location: _____
Also known as "Fee Number" on your property tax bill.

Name of Property Owner: _____

Property Owner Mailing Address: _____

Note: If the applicant is not the legal owner of the property, the application must be accompanied with a notarized acknowledgment from the owner that Marijuana Operations will occur on his or her property.

CHECK BOX BELOW TO INDICATE STATE LICENSE TYPE(S) SOUGHT.

State Commercial Cannabis Activity License Type for proposed business. (Multiple Licenses Shall be Permitted in Accordance with MCRSA Regulation)

Cultivation:

- | | |
|--|--|
| <input type="checkbox"/> Type 4. Nursery (commercial wholesale only) | <input type="checkbox"/> Type 1A. Specialty Indoor, exclusively artificial lighting 5,000 sq. ft. or less of canopy. |
| <input type="checkbox"/> Type 2A. Small Indoor, exclusively artificial lighting, with 5,001 – 10,000 sq. ft. of canopy. | <input type="checkbox"/> Type 3A. Indoor, exclusively artificial lighting, with 10,001 – 22,000 sq. ft. of canopy. |
| <input type="checkbox"/> Type 1B. Small Mixed-Light, combination of natural light and artificial lighting 5,000 sq. ft. or less of canopy. | <input type="checkbox"/> Type 2B. Medium Mixed-Light, combination of natural light and artificial lighting 5,001 – 10,000 sq. ft. of canopy. |
| <input type="checkbox"/> Type 3B. Large Mixed-Light, combination of natural light and artificial lighting 10,001 – 22,000 sq. ft. of canopy. | |

Manufacturing:

- | | |
|--|--|
| <input type="checkbox"/> Type 6. Production of medical cannabis products using nonvolatile solvents. | <input type="checkbox"/> Type 7. Production of medical cannabis products using volatile solvents |
|--|--|

Testing:

- Type 8 Testing laboratory

Distribution:

- Type 11

Transportation:

- Type 12

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Applicant

Date